

# APPLICATION FOR CERTIFICATION IN THE STATE OF CALIFORNIA

For IC&RC Grandparent Applicants

February 1- 29



California Consortium of  
Addiction Programs and  
Professionals

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## PEER RECOVERY SPECIALIST (PRS)

**CCAPP Certified Peer Recovery Specialist (PRS)**

The professional PRS is recognized as the direct support specialist, with formal recovery support services responsibilities available to individuals. The specialist PRS at this level is expected to have knowledge of the principles of mental health recovery and peer support services. PRSs will be able to identify services and activities which promote recovery; articulate points of their own recovery story that are relevant to the obstacles faced by others; promote personal responsibility for recovery; and implement recovery practices in the broad arena of the mental health service delivery system.

The PRS is **NOT A CERTIFIED COUNSELOR**. This certification is not available to currently certified AOD counselors. Currently certified AOD counselors interested in obtaining a recovery specific credential to highlight knowledge and inexperience in this area are invited to consider a specialty certification as a Sober Living Specialist or Certified Recovery Program Manager at ccapp.us. PRS Applications from certified counselors will not be approved.

The requirements for PRS include:

- Training in the California Certified Peer Recovery Specialist Performance Domains: **Advocacy, Professional Responsibility, Mentoring, and Recovery Support**;
- Successful mastery of the core functions and knowledge base required for PRS certification as demonstrated by a passing score on the PRS examination; (waived during grandparent period);
- Agreement to disclose personal experience as a consumer of drug and alcohol treatment, mental health or dual diagnosis services, demonstrated by a signature on the PRS Statement of Disclosure;
- Ongoing continuing education;
- Training/education specific to the certification level;
- Training evaluations; and
- Payment of appropriate fees

<b>Board Certification Level</b>	<b>Education</b>	<b>Hours of Training</b>	<b>Work Experience</b>	<b>Required Examination</b>
PRS	High School or GED and 100 clock hours including: <u>46 hours*</u> PRS-Specific Domains  <u>54 hours</u> In any of the four domains	25 hours of supervised work experience specific to the PRS domains	500 hours of volunteer or paid work experience specific to the domains.	Successful Score on the PRS Written Examination (Waived for Grandparent Period)

***\*Minimum of 10 hours in Advocacy, Mentoring, and Recovery Support. Minimum 16 hours of Professional Responsibility (ethics).***

**INSTRUCTIONS/PROCESS FOR REVIEW**

Please print and read this manual in its entirety. You will be required to submit all documentation as outlined on the check off page. These items are your “portfolio” which will be reviewed when all items on the checklist are received. Please check all information for complete and accurate information. Any missing information will delay the processing of this application and will require submission of re-review fees each time a CCAPP employee re-reviews your application.

1. Once all portfolio items have been gathered together, you will need to make copies for your records. Any documents submitted to the CCAPP office become the property of CCAPP and will not be returned to you. Do not fax any documents. Faxed documents will be shredded upon receipt.
2. Your portfolio will be reviewed within two to four weeks upon receipt in the office. You will be notified via email if you have any missing documents.
3. If your portfolio is approved, you will receive email notification within the two to four week timeframe from the receipt of the application in the office. Your documents will not be processed prior to this timeframe.
4. If your portfolio is incomplete, you will have six months to submit the remainder of the missing documents. If you do not submit these documents within six months, you will be required to submit a new portfolio and a new portfolio review fee.
5. If your portfolio has been approved, you will be scheduled for the IC&RC Peer Recovery Exam according to the information and the application declaration selected (the test requirement is waived during the specified grandparent period).
6. If you have applied for an IC&RC credential, you will receive two emails, one with the information on how to log in and schedule your exam, and a second confirmation email from the CCAPP office (No emails will be sent for exam information during grandparent period where test requirement is waived). Please check your spam emails for this information.
7. Once you have taken and passed the exam (waived during grandparent period) you will be issued your certification within four to six weeks from the date of the exam completion.

**CCAPP PEER RECOVERY SPECIALIST CERTIFICATION**

**CHECK LIST:**

*Any document which must be submitted in a sealed envelope may not be tampered with. CAAPP retains the right to verify the legitimacy of the document with the entity/person who signed it.*

- Application** *Be sure that it is complete and please note that you must have your high school diploma or GED to be eligible for the certification process. Please check pages for correct application forms.*
- Consent-to-Release** *Must be signed and dated within 60 days of submission to the office.*
- PRS Code of Conduct** *Must be signed and dated within 60 days of submission to the office.*
- PRS Scope-of-Practice** *Must be signed and dated within 60 days of submission to the office.*
- Copy of Driver's License** *(must be a black and white copy) or a 2 x 2 Photo. Photo must be a 2X2; photos of different sizes will not be accepted.*
- Unofficial Transcripts OR Education Certificates (applicable to required education).** *Unofficial transcripts may be submitted to the office electronically via email to [jennie@ccapp.us](mailto:jennie@ccapp.us) only if you are completing your portfolio online. If a hard copy application is being submitted, you may attach a printout from your college, school, or training program.*
- Course descriptions**, must be copied from the syllabus of each course, or as listed in the official school catalog, and be furnished by the applicant (*unless the applicant is taking the course in a CCAPP approved program or through CCAPP Academy*). *Training certificates will be reviewed individually to determine whether the applicant's education meets the required training as outlined herein.*
- Hours of Observed Training Log:** *Your supervisor must sign every line, and dates must be in mm/dd/yyyy format. This document must be sent directly to the CCAPP office by your supervisor.*
- Two (2) letters of recommendation** *must be obtained from your peers, not supervisors, instructors, etc., and letters must attest to the applicant's character and competency. They must be typed, signed and dated, and original documents must be submitted. Letters must be dated within 60 days of submission to the office. You may request that letters be sent directly to the CCAPP office, or you may collect them and include them with your application.*
- Verification of Peer Recovery Specialist Experience Form completed.** *Must have "to" and "from" dates and actual number of hours listed on the form. You may duplicate the form and have more than one person verify your work/volunteer experience if you worked/volunteered at more than one agency/program. You must collect all work experience forms and include them with your application.*
- Required fees (\$65)**

**APPLICATION**

***CCAPP PEER RECOVERY SPECIALIST CERTIFICATION***

**Please print or type**

Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address: Street, City, State, Zip Code:

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Male       Female

Date of Birth \_\_\_\_\_

Social Security last four # \_\_\_\_\_

**EDUCATION/TRAINING LOG**

**Education:** List any education, training, or certification you wish to submit to document your education specific to peer support. Please include your high school or GED information; attach additional pages if needed. You will need to attach copies of certificates, diplomas, and syllabi/course descriptions for coursework attended at non-CCAPP approved education providers.

School Name	Dates Attended	Degree/Diploma Earned
<b>High School/GED</b>		

**CCAPP PEER RECOVERY SPECIALIST CERTIFICATION**  
**Consent to Release**

**AUTHORIZATION TO RELEASE INFORMATION**

I understand that additional information may be necessary to continue the CCAPP certification process. I hereby authorize the release of my employment and/or personal reference information to any authorized representative of CCAPP. Further, I give consent for CCAPP to release information and/or my photo regarding my CCAPP status to prospective employers, members of the public, or state or county M/H and/or SUD administrators or designees. I recognize there is no expiration date on this request.

Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Print Name:

\_\_\_\_\_

**STATEMENT OF UNDERSTANDING**

I understand that intentionally making false or misleading statements on this application will result in my being declared ineligible for certification. It is my responsibility to provide course descriptions for education not approved by CCAPP. The application/portfolio, exam results, and portfolio become the property of CCAPP. *All fees are non-refundable.* I have read and understand the processes and policies as outlined in the in this application document.

I understand and agree to cooperate with any requests of CCAPP with regard to processing this application; this includes submitting name changes, address changes, phone number changes, employer address changes (if applicable).

I understand I do not have to be a member of CCAPP to become certified by CCAPP.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name:

\_\_\_\_\_

Have you ever been disciplined as a registered, certified or licensed professional in any human services field or alcohol/drug counseling field? [ ] yes [ ] No

If yes, please indicate what certification or licensure body; the date(s) of the disciplinary action, and the status of the certification/license (add pages if necessary).

\_\_\_\_\_

## SCOPE OF PRACTICE

### Peer Recovery Specialist (PRS)

**Purpose:**

To assure consistent standards for quality education, training and experience for Peer Recovery Specialists (PRS) certification is necessary to safeguard the public health, safety, and welfare, and to protect the public from unauthorized services delivered by non-certified peer recovery specialists, and unprofessional conduct by peer recovery specialists.

**Definition:**

A Peer Recovery Specialist is a person who possesses and utilizes a competency based core of knowledge and skills to assist individuals with SUD, MH or other issues in which the peer recovery specialist provides mentorship, advocacy and other duties defined within the domains, roles/responsibilities.

The PRS credential is a free-standing credential that is not necessarily within CCAPP's SUD career path. The applicant will become a Certified PRS following the completion of the required education, practicum, and internship, and has successfully passed the written examination.

**Requirements:**

Competencies required for peer recovery certification include the domains listed below. The PRS certification has specific competencies and examinations that one must successfully pass in order to become certified by CCAPP. Following are the **examination domain requirements**, as well as the **PRS Role and Responsibilities**.

Domain 1: Advocacy

Relate to the individual as an advocate; advocate within systems to promote person-centered recovery/wellness support services; describe the individual's rights and responsibilities; apply the principles of individual choice and self-determination; explain importance of self-advocacy as a component of recovery/wellness; recognize and use person-centered language; practice effective communication skills; differentiate between the types and levels of advocacy; collaborate with individual to identify, link, and coordinate choices with resources; advocate for multiple pathways to recovery/wellness; recognize the importance of a holistic (e.g., mind, body, spirit, environment) approach to recovery/wellness.

Domain 2: Ethical Responsibility

Recognize risk indicators that may affect the individual's welfare and safety, respond to personal risk indicators to assure welfare and safety; communicate to support network personal issues that impact ability to perform job duties; report suspicions of abuse or neglect to appropriate authority; evaluate the individual's satisfaction with their progress toward recovery/wellness goals; maintain documentation and collect data as required; adhere to responsibilities and limits of the role; apply fundamentals of cultural competency.

Recognize and adhere to the rules of confidentiality; recognize and maintain professional and personal boundaries; recognize and address personal and institutional biases and behaviors; maintain current, accurate knowledge of trends and issues related to wellness and recovery; recognize various crisis and emergency situations; use organizational/departmental chain of command to address or resolve issues; practice non-judgmental behavior; comply with CCAPP Code of Conduct as indicated herein.

Domain 3: Mentoring and Education

Serve as a role model for an individual; recognize the importance of self-care; establish and maintain a peer relationship rather than a hierarchical relationship; educate through shared experiences; support the development of healthy behavior that is based on choice; describe the skills needed to self-advocate; assist the individual in identifying and establishing positive relationships; establish a respectful, trusting relationship with the individual; demonstrate consistency by supporting individuals during ordinary and extraordinary times; support the development of effective communication skills; support the development of conflict resolution skills.

Support the development of problem-solving skills; apply principles of empowerment; provide resource linkage to community supports and professional services.

Domain 4: Recovery/Wellness Support

Assist the individual with setting goals; recognize that there are multiple pathways to recovery/wellness.

Contribute to the individual's recovery/wellness team(s); assist the individual to identify and build on their strengths and resiliencies;

apply effective coaching techniques such as Motivational Interviewing; recognize the stages of change; recognize the stages of recovery/wellness; recognize signs of distress; develop tools for effective outreach and continued support; assist the individual



in identifying support systems; practice a strengths-based approach to recovery/wellness; assist the individual in identifying basic needs; apply basic supportive group facilitation techniques; recognize and understand the impact of trauma.

**Certification Continuity/Renewal:**

The Peer Recovery Specialist must renew certification every two (2) years. Renewal requires the following:

- Payment of the renewal fee
- Signing to the PRS Code of Conduct and Scope of Practice at each certification renewal period
- Completing a minimum of 10 hours of PRS-specific, CCAPP Approved continuing education, of which six must be in ethics, and ten professional development hours each renewal cycle.

**Setting for the delivery of services:**

A Certified Peer Recovery Specialist may provide peer recovery services for clients, family members and others in the following settings:

AOD treatment, tribal, mental health treatment, military, healthcare organization, community coalition, criminal justice, faith-based organization, government agency, business, public health agency, nonprofit, human assistance agency, education, and prevention organization

**Residence Requirement:**

To be certified at the reciprocal level the individual must live or work in California at least 51% of the time.

**Non-Application:**

- a. Nothing in this Scope of Practice shall be construed to constrict or limit the practice of any other professional licensed by the State of California under the Medical Practice Act, the Social Work Licensing Law, the Nursing Practice Act, the Psychology Licensing Act, or the Marriage, Family and Child Counselors Licensing Law.
- b. Nor shall the Scope of Practice apply to any priest, rabbi, or minister of the gospel of any religious denomination (when performing counseling services as a part of his or her pastoral or professional duties), or to any person who is admitted to practice law in the state, or who is licensed to practice medicine when providing counseling services as part of his/her professional practice.
- c. Nor shall this Scope of Practice apply to an employee of a governmental entity or of a school, college, or university or of an institution both non-profit and charitable if his/her practice is performed solely under the supervision of the entity, school or organization by which he/she is employed, and if he/she performs such functions as part of the position for which he/she is employed.

I, the undersigned, certify that I have read, understand, and agree to abide by this Scope of Practice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name:  
\_\_\_\_\_

## CCAPP CREDENTIALING DISCIPLINARY PROCEDURES

### Purpose

The purpose of adopting a standardized set of procedures in a Policy and Procedure Manual centers on the need for uniformity in addressing violations of codes of ethics, streamlining investigations and disciplinary actions, and approval of applications made to CCAPP Credentialing.

When CCAPP receives a complaint or allegation regarding a counselor's violation of any portion of any of its Codes of Conduct, the following steps are typically followed:

1. Staff ascertains who sent the complaint (no anonymous complaints are accepted; we must know the source of an allegation):

Staff will refer the complaint to the Membership Board's Ethics Committee; will notify the counselor by registered mail (form letter, and by phone if possible); will notify the complainant that the complaint has been received; and if applicable, will notify the employer/treatment program by phone that a complaint has been received regarding the counselor and that CCAPP has notified DHCS, and that the CCAPP Membership Ethics Committee WILL conduct an investigation.

2. Emergency Action

In the case that CCAPP receives an allegation that is considered "egregious," defined here as any violation for which the disciplinary action for a first offense is permanent revocation under the current version of the *Uniform Disciplinary Guidelines*, CCAPP staff will automatically suspend the counselor's credential within 24 hours and upon notification of CCAPP Credentialing Chair, and CCAPP Membership Board's Ethics Committee. Suspension means the Certified Peer Recovery Specialist (CPRS) can no longer provide "Peer Recovery Specialist services". The CPRS and the employer will also be notified within 24 hours.

3. Manner of Investigation and of Taking Disciplinary Action

Upon receipt of a complaint / allegation from CCAPP staff, the CCAPP Membership Board's Ethics Committee will have a maximum of 45 days to investigate and issue a report containing all evidentiary findings, and a recommendation for disciplinary action, to the Credentialing Board.

Upon receipt of the report and recommendation, the Credentialing Board will have a maximum of 15 days to make a decision on sanctions, and communicate that decision to staff and the Ethics committee. Staff will have a maximum of 5 business days to notify the CRPS by signed certified mail, and notify the employer. Both notifications will be on form letters. Copies will be kept in the CCAPP office.

If the sanction involves additional education, those education hours cannot be used toward credential renewal CEU requirements (no double-dipping) except that if education involves ethics training, 3 of those hours may apply toward the one annual CEU ethics training requirement.

**CERTIFIED PEER RECOVERY SPECIALIST CODE OF CONDUCT**

As a Certified Peer Recovery Specialist, or a registrant for becoming a PRS, I agree to conduct myself in all my relationships both personal and professional in accordance with the general and specific standards contained within this code:

**Standard 1. Integrity**

A PRS is dedicated to uphold the dignity and worth of all human beings and pledges to provide quality services for the welfare and betterment for all members of society.

- (a) A PRS shall refrain from the undertaking of any activity where personal conduct, including the use of alcohol and or illicit drugs, is likely to result in providing inferior services or constitute a violation of law. Drugs or medication prescribed by a physician or other person authorized to prescribe drugs, or any over-the-counter drugs or medication shall only be used in the dosage and frequency prescribed or on the box, bottle, or package insert.
- (b) A PRS who has knowledge of or observes any unethical or unprofessional behaviors in violation to the Code of Ethics shall report the violation to the appropriate authority.
- (c) A PRS shall not enter into any situations that may be construed as misappropriation of funds or resources.

**Standard 2. Non-Discrimination**

A PRS shall not discriminate against program participants, residents, or other staff members, based on race, religion, gender, disability, national ancestry, sexual orientation, or economic condition.

- (a) A PRS shall stay cognizant of any and all cultural, ethnic and gender issues pertaining to the population he or she is serving and will not otherwise press them to adopt beliefs and behaviors which reflect his/her personal value system.
- (b) A PRS shall be knowledgeable about The Americans with Disabilities Act (ADA) requirements and make reasonable accommodations for persons with disabilities when appropriate.
- (c) A PRS shall make appropriate referrals for any individual for whom he or she is unwilling or unable to provide adequate service.

**Standard 3. Interpersonal/Interprofessional Relationships**

A PRS shall maintain positive and supportive relationships with program participants, residents, staff members and or other agencies and staff with whom he or she may be directly or indirectly involved.

- (a) A PRS will not become involved financially, romantically or sexually with a program participant, resident, their family member, or other persons who are significant to such persons for at least one year after the last professional contact.
- (b) A PRS will not engage in social or business relationships with program participants, residents, family members or other persons who are significant to such persons for at least one year after the last professional contact.
- (c) A PRS will not commit any act of violence, threat of violence, real or implied, harassment, or abuse either verbally, physically, sexually or threaten in any way to a program participant, resident, or family member, other persons who are significant to such persons, or staff members.
- (d) A PRS respects organizational policies and procedures, rights of other staff members and cooperation with management both on the job and in associations with other agencies.

**Standard 4. Confidentiality/HIPAA**

A PRS shall adhere strictly to established rules of confidentiality/HIPAA of all records, materials and knowledge concerning persons served in accordance with all current government and program regulations and make every effort to avoid any and all invasions of privacy.

**Standard 5. Self-Evaluation**

A PRS will regularly evaluate his or her skills, strengths and limitations, striving always for self-improvement, personal growth and increased knowledge through further education and training.

- (a) A PRS shall stay abreast of all current governmental regulations, certification and or accreditation standards that apply to his or her employment position at any agency or institution.
- (b) A PRS shall not perceive him/herself as a person of authority and will not attempt to counsel or advise anyone beyond the training or experience as a PRS. (c) A PRS shall never use his/her position in a coercive manner to meet his/her own needs and will not promote dependence on his/herself by program participants, residents or family members, but help individuals to mature in the recovery process.

**Standard 6. Community Social Model Advocate**

A PRS shall inform the public and policy makers of the present dangers of Alcoholism and Drug Addiction in their communities and promote recovery of individuals, families and society when presented with appropriate opportunities to do so.

- (a) A PRS should not receive any form of gratuity whether it be financial or gifts of any kind while participating in his/her regular assigned duties representing an agency or institution.
- (b) A PRS shall not be involved in any act that would be viewed as a conflict of interest between one's self and the agency or institution which he or she represents.

**Standard 7. Complaint Investigations**

A PRS shall cooperate with complaint investigations and supply information requested during complaint investigations unless such disclosure of information would violate the confidentiality requirements of Subpart 2, Title 42, Code of Federal Regulations.

**PERSONAL STATEMENT**

As a Certified Peer Recovery Specialist, I shall strive at all times to maintain the highest standards in all the services I provide, valuing competency and integrity over expediency or temporary success. I shall recognize the limits of my ability, providing services only in those areas where my training and experience meet established Certified Peer Recovery standards. I pledge that I have assumed a social and vocational responsibility due to the nature of my work. My signature below indicates I have read and agree to abide by the PRS Code of Ethics and the state regulated Code of Conduct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**HOURS OF OBSERVED TRAINING LOG**

**PRS Applicant Name:**

\_\_\_\_\_

*\* Please note that the supervisor must complete and mail this form. The applicant DOES NOT complete this document.*

CORE FUNCTION	DATE FROM:	DATE TO:	TOTAL HOURS	SUPERVISOR'S SIGNATURE
Advocacy				
Ethical Responsibility				
Recovery Wellness Support				
Mentoring and Education				
Agency Orientation				

**Supervisor's Information:**

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

List Credential/License/Certification held: \_\_\_\_\_

How many years have you worked in peer recovery or related profession? \_\_\_\_\_

Contact Number : (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of the agency where you supervised the applicant: \_\_\_\_\_

- Yes, I highly recommend  Yes, I recommend, with reservations  
 No, I do not recommend **(Please use a separate sheet if there are additional comments)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This form must be mailed to the CCAPP office by the Supervisor signing this form. Do not give form back to applicant.  
 Mail to: CCAPP – Certification Department  
 2400 Marconi Ave. Sacramento, CA 95821***

**VERIFICATION OF PEER RECOVERY EXPERIENCE**

*The PRS requires a minimum of 500 clock hours of work or volunteer experience.*

Dear Supervisor\*,

I am in the process of seeking certification from CCAPP as a competent, Peer Recovery Specialist. I have identified you as someone in a position to verify hours of peer recovery specialist hours provided.

I hereby consent for you to release the following required confidential information to CCAPP Credentialing.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**SUPERVISOR'S STATEMENT OF VERIFICATION:**

I \_\_\_\_\_ certify that I have observed the

applicant for a total of \_\_\_\_\_ hours in relevant peer recovery specialist experience as detailed below.

Observation dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Date Date

Total Number of Hours\*: \_\_\_\_\_ at (facility name) \_\_\_\_\_

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR'S QUALIFICATIONS:**

- [ ] I am a Certified SUD Counselor or a Licensed Mental Health Professional
- [ ] I have knowledge or experience specific to Peer Recovery

This form may be duplicated as needed.

*\*Information provided on this form, will be verified by CCAPP Staff.*

**PEER RECOVERY SPECIALIST (PRS) FEES:**

All fees must be submitted with your paperwork and fees are non-refundable and are subject to change without notice. Returned checks will be assessed a fee of \$30.00 and declined credit cards will be assessed a fee of \$10.00. Portfolio and written exam fees are to be submitted with your portfolio. If an additional portfolio review is required you will be invoiced a fee of \$25.00, for each re-review.

**Portfolio Processing Fee \$65 Must be paid when application is submitted.**

Important Reminder:

The Peer Recovery Specialist application/credential does include individual membership. If you wish to receive the benefits of membership, you will need to complete a CCAPP membership application.

**METHOD OF PAYMENT:**

- 1. \_\_\_ Check \_\_\_ Money Order (Mail with fee to: **CCAPP**, PO Box 214127, Sacramento, CA 95821)
- 2. \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Amex \_\_\_ Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Total Amt \$ \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing address for card

\_\_\_\_\_

\_\_\_\_\_  
Signature

**\*DO NOT FAX; NO CERTIFICATION DOCUMENTS WILL BE ACCEPTED Via Fax AND WILL BE SHREDDED UPON RECEIPT IN THE OFFICE.**

**All fees must be included when submitting required documentation. Fees paid to CCAPP are non-refundable and are subject to change without notice. Returned checks will be assessed and additional \$30 fee and all Declined Credit Cards will be assessed an additional \$10.00 fee.**